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ABSTRACT

Clinical supervision is an ongoing series of professional development cycles through which preservice and beginning teachers move from being apprentices at induction and probationary levels to being members of peer evaluation teams and self-reflective practitioners. Development of collaboration between field experience offices and local school districts might result in use of student interns as substitute teachers. The Teachers for Chicago consortium offers an example of successful integration of mentorship into the clinical supervision model. This graduate level teacher preparation program combines refined selection processes, rigorous academic training, an extended internship, mentored support, and employment initiatives. Its goal is to maintain a pool of effective teachers for the Chicago school system. Participants commit a certain amount of time to working in Chicago schools. As interns, they receive a salary, filling vacant teaching positions. Their mentors also commit time to the project, with professional growth their major incentive. The next two supervisory cycles involve: (1) a team teaching approach with peer clinical supervision and self-reflection; and (2) the supervisor taking the lead in individualized clinical situations. Clinical supervision comes full circle when the teacher who has completed earlier cycles as a preservice apprentice becomes the master teacher/mentor. (Contains 23 references.) (SM)

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ED 411 235

Running Head: Mentorship and the Clinical Supervision Cycle

INTEGRATING THE MENTORSHIP FACTOR INTO THE CLINICAL SUPERVISON MODEL

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Abstract

Clinical supervision may be viewed as an ongoing series of professional development cycles through which preservice and neophyte teachers move from being apprentices at induction and full-time probationary levels to being members of peer evalutation teams and self-reflective practicioners as they mature in their professional careers. The development of a collaboration between field experience offices and local school districts utilizing student interns as substitute teachers is offered for consideration as an innovative solution to pressing issues concerning educational reform. The Teachers for Chicago consortium serves as an example of the successful integration of mentorship into the clinical supervision model.

Integrating the Mentorship Factor into the Clinical Supervision Cycle

Astin (1991) in Assessment for Excellence began by stating the underlying cause for failure of assessment in American education:

> Our assessment efforts are handicapped in part because we are not really very clear about what we are trying to accomplish, and in part because we perpetuate questionable practices out of sheer habit, for convenience, or to fulfill purposes that are unrelated or at best tangential to the basic mission . . . (p. 1)

Later Astin offered the following two basic premises for educational assessment: "1) . . . an institution's assessment practices are a reflection of its values, and 2) assessment practices should further the basic aims and purposes of . . . education institutions". (p.3)

Astin also differentiated between the two basic elements of assessment: measurement, ". . . the mere gathering of information . . .", and evaluation, ". . . the utilization of that information for institutional and individual improvement . . . [based on] motivation and the rendering of value judgments" (p. 2). Astin noted that assessment is one of the means by which we try to operationalize our beliefs about excellence and then

asked which values govern our efforts to achieve excellence. Rather than continuing to accept the transitional conceptions of excellence by merit of reputation or resources, Astin proposed the adoption of an alternative approach, the talent development approach, which focuses on the ability, the responsibility, and the accountability of education institutions to develop student and faculty talents to the fullest extent possible:

> The fundamental premise underlying the talent development concept is that true excellence lies in the institution's ability to affect its students and faculty favorably, to enhance their intellectual and scholarly development, to make a positive difference in their lives. As far as educational excellence is concerned, the most excellent institutions are, in this view, those that have the greatest impact - "add the most value,"as economists would say - to the students' knowledge and personal development. . . . practically all assessments of faculty or prospective faculty are designed for purposes other than to develop the faculty member's talents. (pp. 6-7, 13)

This is an interesting observation for Astin to share in his 1991 copyrighted book, especially in light of the supervisory research which had been conducted toward that same end for three decades. In the 1960's

Robert Goldhammer and Morris Cogan were joined by colleagues at the Harvard School of Education to evaluate supervisory methods. This work lead to the development of the clinical supervision model. As noted by Acheson and Gall (1992), ". . . the primary emphasis of clinical supervision is on professional development, and the primary goal of this supervision is to help the teacher improve his or her instructional performance" (p. 9). Richard Weller (1971) defined clinical supervision as systematic cycles of planning, observation, and analysis in order to improve instruction. (See Figure 1, the cycle as found in Acheson and Gall, 1992, p.11.)

Research has produced conflicting findings relative to the value of clinical supervision. Evidence shows that clinical supervision can cause principals to modify supervisory practices (Anderson, 1987; Holodick, 1989; Kopecky, 1986). However, no significant teacher instructional behavior changes resulted in a 1986 study by Gibson. Moreover, two experimental comparisons found very little impact of clinical supervision on student achievement (Andreotti, 1987; Young, 1986). Clearly, there is a need for more study to be done with respect to the results of the implementation of clinical supervision.

It appears that the primary difficulty in investigating the results of the implementation of the clinical supervision model has been ensuring

that a full and comprehensive implementation of the model and all of its components has taken place. Perhaps integrating mentorship elements within a series of clinical supervision cycles which span the entire length of an individual's professional career is just the formula needed for implementational success. Young's (1986) description of treatment conditions indicated a weakness in the design. Young noted that only one preobservation conference per teacher was completed in a cycle which involved anywhere from two to four observations and postconferences. Since one cycle involves the completion of each of the three phases, planning, observation, and analysis, Young's study was based on a fragmented version of clinical supervision and may not actually be a true test of the model. It should be noted that Acheson and Gall (1992) recommended that teachers complete a minimum of six clinical supervision cycles in order to produce change.

The clinical model studied by Andreotti (1987) may also have lacked adequate implementation. The clinical supervision treatment in this study consisted of four 20-minute observations and four postobservation conferences. No preobservation conferences were conducted; hence, no definite conclusions regarding the relationship between clinical supervision and student achievement can be made. However, as Randall (1992) noted:

> It seems that principals, in-service teachers, and preservice teachers value the general constructs of clinical supervision; however, implementing this model requires extensive inservice training and a great commitment of time. The model may, indeed, be preached more than practiced, and typical applications may not entail the full scope of recommended cycles. These shortcomings apparently have reduced the impact of clinical supervision on teacher and student outcomes and have compromised the designs of studies that examine these relationships. (p. 26)

Enhancement of The Clinical Supervision Cycle

At this point, a suggestion or two as to how the clinical supervision cycle may be both enhanced and newly perceived so as to increase teacher preparation effectiveness and improve teaching as a whole may be in order. First of all, supervisors would be wise to conceive of the process of clinical supervision as having more rather than fewer phases. Table 1 represents a comparison of the clinical supervision cycle phases as determined by the work of Cogan (1973), Anderson and Krajewski (1980), and Acheson and Gall (1987) (as found in Glatthorn, 1990, p. 157). It is

interesting that the phases of the clinical supervision cycle have been streamlined over time. The 1973 model included both analysis and evaluation as important steps in the process. As these two elements are essential to the effectiveness of the clinical cycle of supervision and central in teacher improvement and effectiveness, they need to be restored to the clinical supervision model.

According to Murray (1995), reflection is the key element in the achievement of philosophical goals. Even using a truncated version of clinical supervision with four master teachers in an effort to save time, Vann (1996) realized that teacher reflection was central to the clinical supervision process. Preliminary discussions, three formal meetings, and informal observations all revolved around the following six questions which the teachers were to address throughout the clinical supervision process:

*What is your goal and when do you expect to achieve it?

*Why did you choose this goal?

*How will successful achievement of this goal enhance your teaching skills, improve relationships with parents, or improve student learning?

*What actions are you planning to take to achieve this goal?

*What obstacles may hinder achievement of your goal, and what actions will you take to overcome them?

*How will you be able to assess how well you have achieved your goal? (pp. 29-30)

A second possible perception and enhancement of clinical supervision would be a redesign of the cycle, or rather a repetition of the cycle with specific conditions for each cycle completion. Today, the clinical supervision cycle is defined as the completion of a series of cooperative interactions between a teacher and supervisor. The supervision cycle is usually completed once or at best twice a year. Perhaps clinical supervison would better aid in the pursuit of excellence in teachers' and students' achievement alike if it were part of a series of cycles which began with the preservice teacher and continued throughout one's professional educational career, somewhat akin to the internship midel utilized in induction to the medical profession. Randall (1992) noted that clinical supervision was needed in education because of:

1) failure of traditional programs of supervision to impact the quality of education,

2) weak transfer of training as a result of shortcomings in undergraduate preparation, and

3) unique needs of supervision by beginning teachers as learners. (p. 26)

The first cycle would quite possibly consist of a relationship not unlike that of an apprenticeship under a master/mentor teacher. It may simply involve detailed observations and discussions regarding both quality teaching and clinical supervision cycles as performed by the preservice teacher's master/mentor. The second cycle might evolve from the original relationship into that of a collaborative team teaching effort between the mentor and the preservice teacher. As a result of a survey of literature in the area of student teacher induction and an informal survey of individuals involved in the University of Southern Mississippi's educational field experience team at present, it has been determined that a need for an increase in exposure to classroom experiences should occur at an earlier point in teacher preparation programs.

Students could be available as substitute teachers for schools in the surrounding area. The substitutes could be paired with experienced teachers in the early phases of the treacher education program. Perhaps this pairing could move into a mentorship format once the plan has been in place for a while, with experienced substitutes guiding the inexperienced substitutes through the school day. Students would not receive pay for

their services, but would receive practicum experience for their time in the field as substitutes and mentors. This practicum experience could be built into either the present course requirements within the teacher preparation program or stand alone as additional experiences in the field required for professional preparation.

Universityfield experience personnel could coordinate the substitution lists and the individual school needs for daily substitutes. The schools would not only benefit by substantial budgetary savings, but, more importantly, students in the public school system would have a greater opportunity to receive continued quality education when the regular classroom teacher is unable to be in the classroom. The savings within the districts could be split with the university. These funds could be spent to cover the costs of the additional services resulting from this program, recognition of outstanding personnel involved in the induction process, and additional enrichment of the student teaching experiences available at USM, such as the development of increased articulation and cooperation of professional training for students through STAC, the student teaching advisement committee.

Support for the repetitive use of the clinical supervision cycles in practical, teaching situations is supported by the research of Knowles

(1978), who outlined the five basic principles of adult learning theory:

1) Adults are motivated to learn as they experience needs and interests that learning will satisfy; therefore, these are the appropriate starting points for organizing adult learning activities.

2) Adult orientation to learning is life-centered; therefore, the appropriate units for organizing adult learning are life situations.

3) Experience is the richest source for adult learning; therefore, the true methodology of adult education is the analysis of experience.

4) Adults have a deep need to be self-directing; therefore, the role of the teacher of adults is to engage in a process of mutual inquiry, rather than transmitting knowledge to adults and evaluating their conformity to the information.

5) Individual differences among people increase with age; therefore, adult education must make optimal provision for differences in style, time, place, and pace of learning. (p. 2)

The third cycle, which would involve newly graduated teachers and professional teacher mentors, might look much like the following situation

Gallegos (1995) described. Teachers for Chicago is a graduate-level teacher preparation program which combines refined selection processes, rigorous academic training, an extended internship, mentored support, and employment incentives. This endeavor was a result of collaboration between executives from the Chicago Community Trust and the Searle Foundation, both generous financial supporters, and prominent leaders from the educational community: the Chicago Public School System, the Chicago Teachers Union, the Council of Chicago Area Deans of Education, and the Golden Apple Foundation for Excellence in Teaching.

The goal of the program was to maintain a pool of effective, professional teachers available to the Chicago school system. Participants commit three consecutive summers and the two intervening years to completion of a teaching internship, teaching certification, and an M.A. degree. Following graduation, interns commit to working two years in Chicago schools. While participating in this program, interns receive a salary and health benefits for their teaching time and a stipend to cover tuition costs. The principals of each participating school must apply for teams of four interns. Three interns fill full-time vacant teaching positions, while the fourth intern assumes the teaching responsibilities for their mentor. The three vacancies support the costs associated with the

program: interns are paid the salary of provisional teachers, which is generally less than half of the salary budgeted for each vacancy.

As defined in the Teachers for Chicago plan, mentors are master teachers who have been nominated by their school principal, approved by the personnel advisory committee, and chosen by the review board of Teachers for Chicago. Mentors commit to two to four years with the program. Professional growth is the major incentive for teachers to become mentors. They can receive compensation through adjunct faculty status with a participating college, and they can obtain tuition credits to complete course work toward advanced degrees and/or administrative certification.

As a direct result of this program, dialogue has begun regarding the following vital issues: the effectiveness of teacher preparation programs, the importance of mentor teachers, the value of teaching internships, and the changing roles of principals, unions, and school boards. Gallegos (1995) acknowledges the difficulty of meeting these needs:

> Recruitment, selection, training, and retention of competent and successful teachers in urban school districts is a persistent challenge. To borrow from Robert Frost in "The Road Not Taken," choosing to participate in Teachers for Chicago might well be the road that

makes "all the difference" in the future success of the urban schools. (p. 785)

The results from the Teachers for Chicago program suggest that mentoring makes a substantial contribution and needs to be incorporated into our teacher preparation and development programs. The investment appears to be well worth investigating. Interestingly, however, nothing was mentioned by Gallegos of the necessity of strong, open relationships between mentors and their proteges. By contrast, Walker and Stott (1994) concluded that the degree of openness and trust where both parties can reveal shortcomings and acknowledge needs is the key factor in the success of mentoring programs.

Gordon and Moles (1994) noted that ". . . mentoring can provide a fertile environment for yet another valuable process in the field of education: reflection on current practice" (p. 69). Even a decade ago, research by Schon (1983) and Sergiovanni (1987) indicated that reflection upon activities of one's work is increasingly valued as a process for testing intuitive understanding of the complexity which surrounds the school environment. As Gordon and Moles (1994) noted, "What better reflective process exists than to have the intern walk through the . . . tasks with the mentor, observe the behaviors and responses of the mentor, and then ask

questions?" (p. 69)

Following mentoring, the next two supervisory cycles (as I perceive them) may overlap or be done simultaneously. One involves a team teaching approach with peer clinical supervision and self-reflection; the other cycle involves the supervisor taking the lead in an individual clinical situation. Collaborative teaching can help overcome the frequent sense of isolation felt by many faculty members. The problem has been aptly described by Matthews (as cited in O'Banion and Associates,1994):

> Traditional modes of teaching tend not to facilitate mutual support or encouragement. Some faculty members can expect never to be visited by a colleague (except, perhaps, during formal, judgmental observations) or to engage in sustained conversations about one's discipline or teaching except with an office mate or close friend. Large departmental discussions often address highly charged agenda topics, about which individuals, sometimes disconcerted by colleagues' attitudes, make feeble or watered-down statements designed for public consumption, or retreat into silence. Neither the chance conversation nor the large forum lends itself to the thoughtful exploration of different approaches and points of view, and the victim is too often the teacher. (p. 187)

Robinson and Schaible (1995) noted that teachers' behaviors must change if students are to be the focus of our classrooms. Change such as this is often difficult to achieve and maintain. Collaborative teaching, however, allows teachers to reinforce each other in their risk-taking as they experiment with new styles of teaching. To be able to rely upon one another; however, teachers must be able to both give and receive constructive criticism. Robinson and Schaible (1995) concluded:

> Collaborative pedagogy holds much promise, but only if faculty members themselves can learn to become better collaborators. Both our classroom research and the literature on learning indicate that students learn from the behavior we model - whether we are mindful of it or not. If we preach collaboration but practice isolation, or team-teach with inadequate preparation, students get confused message. Through learning to "walk the talk," we can reap the double advantage of improving our teaching as well as students' learning. At the same time, we will contribute to the rebuilding of a sense of community . . . (p. 59)

All throughout a teacher's career, the administrator's supervisory clinical cycle may appear either in tandem with peer or self-evaluation cycles or in addition to other models of supervision. The key here is the

level of trust and freedom experienced by all parties involved in the clinical supervision model. As Gilbert (1996) noted, one of the goals of advocates who promote enhancing and changing teaching and learning by extending content should be: "Increase the effectiveness and efficiency of forming educational relationships among students and faculty (and staff and administration)" (p. 9).

Clinical supervision comes full circle when the teacher who has completed the earlier cycles as a preservice apprentice moves into the role of master teacher/mentor and begins the career long progress through professional clinical supervision cycles with a new preservice apprentice. This series of clinical supervisory cycles incorporates a much stronger support system for teachers than has been hitherto available. Growth and improvement are bound to become the norm for the school environment in which these series of cycles are promoted. Integrating the mentorship factor into the training programs for all levels of educational professionals would certainly improve the educational system in America.

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TABLE 1

COMPARISON OF CLINICAL SUPERVISION PHASES

Basic Phase	*Cogan*	*Goldhammer/ Anderson/ Krajewski*	*Acheson/Gall*
Clarifying the supervisory relationship	Establishing the initial relationship		
Planning	Planning with the teacher		
	Planning for the observation	Holding the pre-observation conference	Holding the planning conference
Observing	Making the classroom observation	Making the classroom observation	Making the classroom observation
Analyzing	Analyzing the teaching learning process	Making the analysis and planning the strategy	
	Planning the conference strategy		
Conferring	Holding the conference	Holding the supervisory conference	Holding the feedback conference
Evaluating	Doing renewed planning	Holding the post-conference analysis	

FIGURE 1

ACHESON AND GALL'S CLINICAL SUPERVISION CYCLE

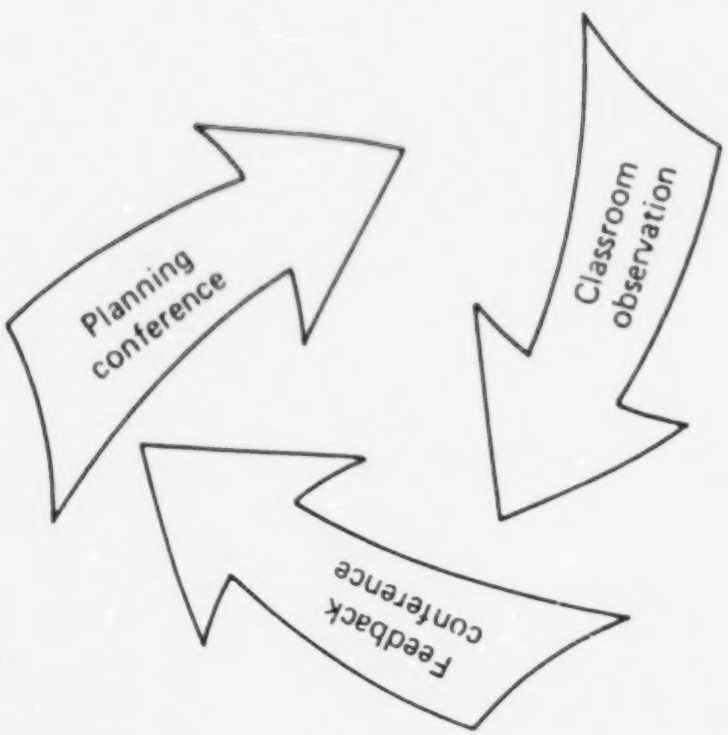


FIGURE 2

COGAN'S SUPERVISION MODEL (1973)

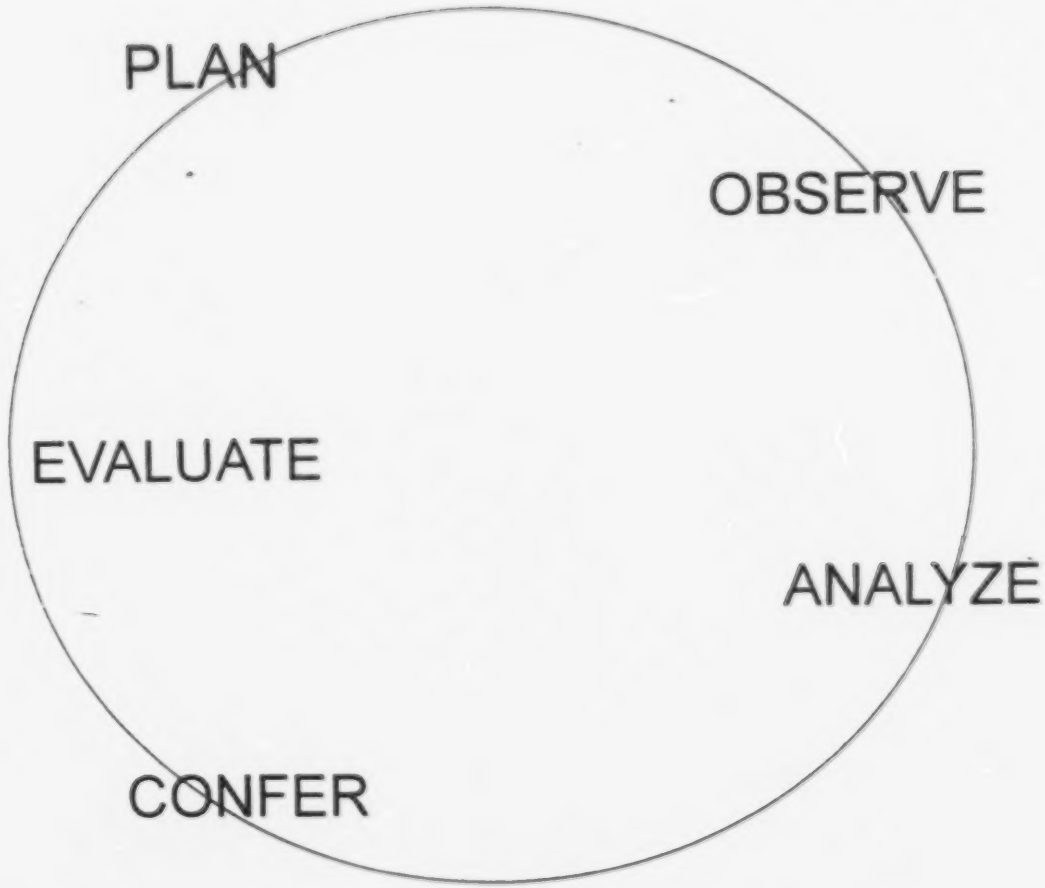


FIGURE 3

SUPERVISION CYCLE - MURRAY (1995)

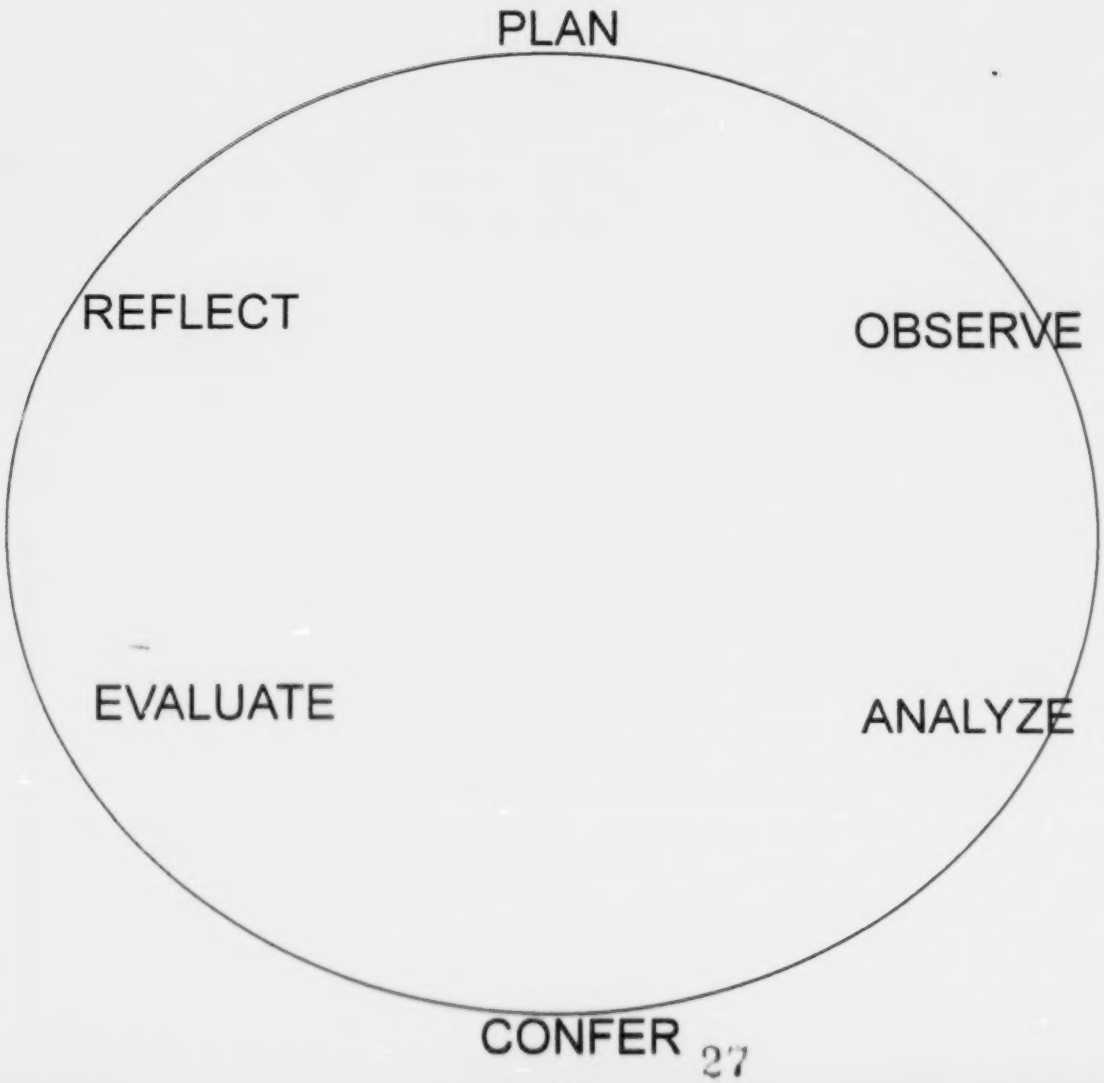
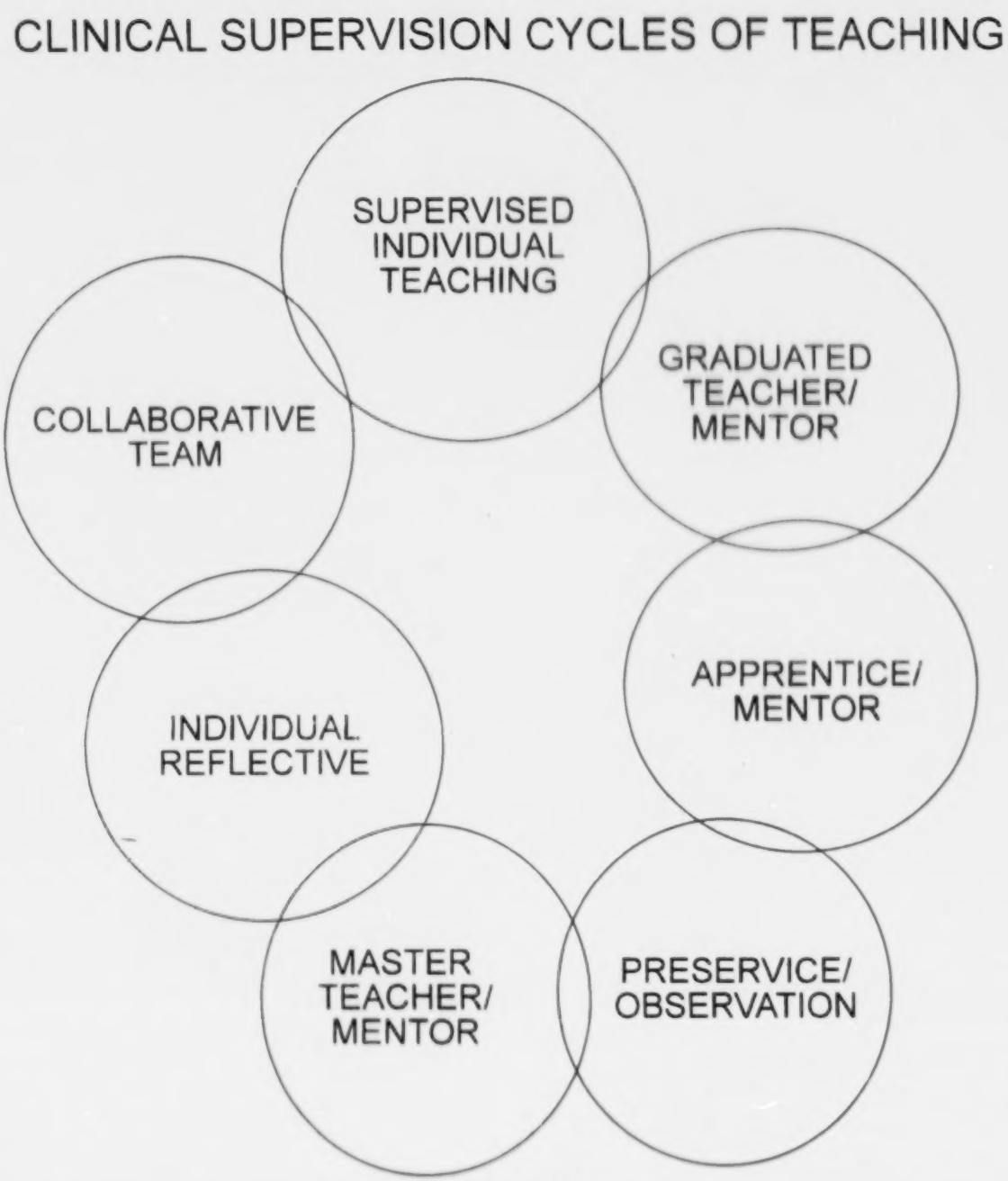


FIGURE 4


CLINICAL SUPERVISION CYCLES OF TEACHING
SUPERVISED INDIVIDUAL TEACHING
GRADUATED TEACHER/ MENTOR
COLLABORATIVE TEAM
APPRENTICE/ MENTOR
INDIVIDUAL REFLECTIVE
MASTER TEACHER/ MENTOR
PRESERVICE/ OBSERVATION